| * | | KUKA | Into CM& | EEVALU | ATION - | VIOL | ATION | FURIVI | |
|-------------------------|-----------------------|------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|-------------------------------------|------------------|---------------------------|----------------|---------------------------------------|
| *EPA ID N | Number | PA | D982662595 | 5 | | | EIN | 2 | |
| Handler N | Name | Ino | fast Technolo | ogies Inc. | 1 Inotast | mf | g Inc | | |
| Street | 1370 | Industry Rd. | | | | | · | | |
| City | Hatfie | eld | | State | PA | Z | ip Code | 19440 | |
| Actual Go Check only | | r Status ent from Notified | d Status. | LQG 🗌 | sqg 🗆 | CESC | ig 🗆 | Closed 🛚 | Non-Handler |
| | _ | e Required? Change Require | ed) YES 🗵 | □ ON [| If YES, complete | the Unive | rse Change S | Section (on re | everse side of this form). |
| RCRA No | on-Notif | ier? | YES NO |) X If YES, c | omplete the Handl | er Section | n (on reverse | side of this f | orm). |
| Other Fa | cility In | formation Ch | anges? YE | s 🗌 NO [| If YES, comple | | | | side of this form). |
| *EVALU | ATION | Z Ad | d 🔲 Üp | date | Delete | | u must prov own as the | | nluation Identifier (also Number). |
| *Evalua Identii | | *Type | *Evaluation (mm/dd/ | | *Agency | | Responsi Persor | | Suborganization |
| | | CEI | 4/6/20 | 007 | S | | SBM | | WM |
| SNY, and CSE, FUI | SNN, oth , and SNY | erwise it defaults ′ evaluations, you | evaluation types of to Evaluation Sta must select a pr pe does not requi | nt Date. For CD evious CEI Stan | , FÚÍ, · | | | | |
| | | Notes: | · · · · | facility not at the | nis address, facil | lity not g | enerating H | W at this fa | cility |
| . [| | | Evalu | uation Indicate | or Field (Check | all that a | apply) | | |
| | ☐ Cit | izen Complain | it 🗌 Mul | timedia Inspe | ction 🗌 | Sampl | ling | ☐ Not Su | btitle C |
| | | | Focused Cov | _ | Use Only for E | | on Type FC | 1) | • • |
| | BIF THI | ☐ CCI | | ☐ INC ☐ | LDR D | PTB (specify) | □ PT)): | × 🗆 | |
| | CAR | ☐ CPC | □ DOS | Routine/ ☐ EMR [| Standardized F0 | CI ISI | □ RT | ī .[7 | |
| | | | | | ग | | | | ions Section(s) on page |
| Does thi | is Evalu | ation Add/U | odate/Delete | a Violation? | YES N | 0 🛱 | of this for | n. | |
| Does thi | is Evalu | ation link to | a Commitme | nt? | YES 🗌 N | ю 🛛 | Informatio | n Requests | RCRAInfo 3007 and Commitments Form |
| Does thi | is Evalu | ation link to | a 3007 Reque | est? | YES 🗌 N | ю 🛛 | | | RCRAInfo 3007 and Commitments Form |
| OUTSTA | ANDING | VIOLATION | S COVERED I | BY ABOVE E | VALUATION? | YES 🖸 |] NO 🛛 | If Yes, fil | in information below |
| *Seq. I | Vo. | *Violation Ty | pe *Agency | , | *Regulation (Type + C (ex. FR | Citation) | | | *Date Determined (mm/dd/yyyy) |
| | | | | | | | | | |
| | -, | . ; | | | | | | | |
| 1 1 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | <u> </u> | | | |

*Required Fields

| EPA ID Numb | per | *, | | Ha | ndler Nan | 1 10 | xE Evaluation | -Violation Form, Page 2 |
|------------------|-------------------|--------------------------------------------|---------------------------------------|-----------|-------------------|---------------------------------|------------------------------------------------------------|---------------------------------------------------|
| PAD982662 | 595 | | <u> </u> | Ino | fast Manu | facturing In | ıC. | |
| (Additional | Violations | can be added/i | | | SECTION ng the RO | | M&E Additiona | l Violations Form) |
| VIOLATION | Add: | Update | ☐ Delete | | | | Link to Abo | ve Evaluation 🔃 |
| Seq. No Notes: | Violation Type | Agency | Determined (mm/dd/y) | | | Qualifi RTC Qualifie | iance (RTC) er r is required if tual RTC Date. | Actual RTC Date (mm/dd/yyyy) |
| LINK CITATI | ONS TO AB | OVE VIOLATIO | ON? | YES [|] NO [| | If Yes, fill in | information below |
| Citation Type | | Citation | | | Citation Type | | Citatio | on |
| VIOLATION | ☐ Add | . Update | Delete | | | | | ove Evaluation |
| Seq. No | Violation Type | Agency | Determined (mm/dd/y | | | Qualif A RTC Qualifie | liance (RTC) ier er is required if tual RTC Date. | Actual RTC Date (mm/dd/yyyy) |
| Notes: | | | | | | | | |
| LINK CITAT | IONS TO AE | BOVE VIOLATION | ON? | YES [|] NO [| | If Yes, fill in | information below |
| Citation Type | | Citation | · · · · · · · · · · · · · · · · · · · | · . | Citation Type | | Citati | on |
| | | | | | | | | |
| | | HANDL | ER SECTION | V (Fill o | out if RCR | A Non-No | tifier) | |
| Handler Nar | ne | | | | Cont | tact | | |
| Street | | | , | | | | | <u> </u> |
| City | | | | Stat | e | | Zip Cod | e |
| County | | | 1317 - Kitskir | | स्था के वि | 892 J.H. 181 | 4 | s (M. S. Jahr) - Lamberton (S. La Vin L. A. C. C. |
| | | NIVERSE CHA | | 21. | out if Uni | verse Cha | nge Required) | |
| i. Indicate | the Facility's | current Univers | e(s) : S | QG | | | | |
| | activity changes | Ainfo Generator must be handled b n. | | | Non-l | LQG [| SQG Closed | □ CEG □ ☑ |
| iii. Indicate | | | | Trans | porter 🗌 | u must check | 1 | -Transporter |

*Required Fields



DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

| | - 8 | 7 | _ |
|--------------|-----|---|--------------|
| Time Start _ | | | <u>.</u> |

| | • | Time Finish | ١_ |
|--------------------|------|-------------------|----|
| HAZARDOUS W | ASTE | INSPECTION REPORT | , |
| GENERATOR | | S Q GENERATOR | 1 |

1613002

| Comp | oany name <u>Inofast Mar</u> | nufacturing Inc. | | | , |
|--------------|------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|
| | | 62595 Employ | er I.D. Numbe | r (EIN) | |
| Site A | Address 1370 Industry | Rd Hatfield PA | | , , , , , , , , , , , , , , , , , , , , | |
| Coun | ty Montgomery | Municipality Hatfield 1 | | • | |
| | e of Inspector Susan M | | | . 1 | |
| Name | e & Title of Responsibl | e Official | | | |
| Perso | on Interviewed | | Te | lephone () | |
| Mailir | ng Address (if different | from above) | | no service a fine desired to | |
| Amou | unt of Hazardous Was | from above)e Generated per Month: | Pou | nds | Kgs |
| | Site Characterization: | | Mar market and a state of the s | | , |
| S | STORAGE: Cont | ainer □ Tanks □ Containment | Bldg. 🔲 Drip | Pad Other | |
| ·P | PBR: | ralization/WWTP | | Other | |
| C | GENERATOR TREATM | MENT ☐ Containers ☐ Tar | nks 🔲 C | . , | |
| 2. L | Jniversal Waste: 🔲 | Large Quantity Handler | all Quantity Ha | andler | |
| | Universal Waste Ty | /pes | | | |
| 3. F | Hazardous Waste Tra | nsporters: | 4 | • | |
| | Transporter Name | | Lic | ense Number | <u> </u> |
| | | | | | |
| | air de | | | | |
| 4 . T | Types of hazardous v | vaste generated and destination fa | cility (locatio | n & type). | |
| | Waste Code | Waste Description | | Destination F | acility |
| | | FACILITY NO LONGER AT | THIS | | |
| | | ADDRESS; FACILITY NOT | | | |
| | · | GENERATING HAZARDOUS | SWASTE | | |
| | | · | | , | |
| | | · | | | |
| | | | | | |
| ļ | - | | | | |
| | | | | | |
| | | | | | |
| | | · | | | |

Commonwealth of Pennsylvania Department of Environmental Protection Bureau of Land Recycling & Waste Management

Inspection Report Comments

| Date of Inspection 4/6/2007 | Identification Number PAD982662595 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company/Facility/Site Name Inofast Manu | facturing Inc. |
| | nent attempted to conduct a routine hazardous waste generato tfield Township, Montgomery County. The following |
| 1) Inofast Manufacturing Inc. notified as a sm | all quantity generator of hazardous waste. |
| Either ARS Metal Fabricators Inc. or Enter Manufacturing Inc. | rprise Machine Co. now operates at the former Inofast |
| In summary, Inofast Manufacturing Inc. no No violations were observed. | o longer operates or generates hazardous waste at this facility. |
| | |
| | |
| | |
| | |
| | 1 |
| | |
| | |
| | , |
| | |
| | |
| Department. This report is formal notification additional notification of violations may be issuitations identified as a result of review of lateral transfer and interview of the contained herein shall be deemed to grant or implement. Signature by the person interviewed does no | dings of an inspection conducted by a representative of the of any violations observed during the inspection. used concerning either violations noted herein, or other aboratory analyses or Department records. other appealable action of the Department. Nothing by immunity from legal action for any violation noted at necessarily imply concurrence with the findings on this shown the report or that a copy was left with the person. |
| Person interviewed (signature) | Date |
| Inspector (signature) August My | hehl Date 4/6/2007 |
| / | Page 2-of 2 |



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD982662595

INOFASP: MFG INC PO BOX 260 HATFIELD PA 19440

INSTALLATION ADDRESS

1370 INDUSTRY RD HATFIELD PA 19440

EPA Form 8700-12B (4-80)

SEPA Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requeste here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

| | ial Use On | ily | . 4 | 1.00 | (de | - 47 | it of | · , · | Con | ment | s | | n 1 | * | | k; ' | i i seti | | 上市。 | | 。 (2) 亚州 | i de |
|-------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|-----------------------------------------|---------------|--------------------|------------|----------------|----------------------------|---------------------------------------|------------------------|-----------------|--------------------|----------|----------------|--------------|----------------------------|-------------------|-----------------------|--------------|-----------------|------|
| C | | | | | | • | | | | | | | | | | | | Ī | 3.5 | C | | - |
| | | ٠., | · · · | | | | | • | | | | | | D | ate R | eceiv | ved | | Ž., | × 20 | CHO | N |
| <u> </u> | ln: | etallation | 's EM | 1 CH P | lumb | er | | T + | /h C | <u> </u> | pprov | /ed | | yr. | n | 10. | , d | ay) | | 12 | 3 DEC | 'n |
| FIPI | 7/19 | 8 2 | 6 | 6 | 2 | 5 | 915 | - | 1 | 1 | | | | | | · | | | | · • | ., UE1. | |
| . Name | of Installat | tion | | | | | · Irai | | AM | | , 41 | | 1. 1 | | 11.7 | | | | 1 | | | |
| INC | FA | s T | 1 | M | F | G. | T | . 1 |) c | | , | | | | | | | | i i | 73, | 16.5 | , |
| Inetall | ation Mail | ing Ad | drag | | PM | | | | | | | | | 16. | . g | | 30 | LIUS T | | | | |
| i. motum | ution widi. | iiig Ac | 4.00 | 1 | 7.2 | | | \$ | î 68t c | r P.O | Box | - | | | x '*e , | | | ua gr | | 48.2 | 22 C 32 E | |
| <u> </u> | 3 B | | | 2 | 7. | | | Ŧ | Ţ | | | | · | • | | | -, | | | 7 | | |
| 3 / 1 | <u>) n </u> | 01% | للبيبا | 0 | 6 | Cinc | or Tow | | <u> </u> | <u> </u> | | لببا | بب | اب- | اب | | | - | tate | 7.1 | ZIP | |
| CIII | | · | | $\overline{}$ | \neg | City | OF TOW | Ϊ | T | | | | | • | | | | 0 | 1010 | - 1 | 0 / | |
| 4 /7 P | 111+ | 1 e | | D. | 50 | / * 300 | | | HORNI II | -14/2WC | | O EDWINO | | | n e de ser p | l'actori | | | | | 7 17 | |
| II. Locat | ion of Inst | allatio | n | | ųε, | *** | | Stro | et or R | 1 3 | , , E | | - | £ 1 | | ant a | 1.5 | | हिंग रेडिय | | Maril on Ard | 6 |
| ٠ . ا | | | | 11 | | | _ | Stre | et or n | Oute | YUM | Jer | | | | <u> </u> | | | | ŤŢ | $\neg \tau$ | |
| 5 | 70 | I. | N | d | U | S | I R | | | K | d | | | | • | | | , | | بلبب | | |
| | | 1 | 1 | | | City | or Tow | n · | T. — | | | , | - | | · · | : ; : : : | | Si | tate | . | ZIP | Ço |
| 6 H F | 4 T [] | I e | | 9 | | | | ٠, | . ` . | | | | [• •] | | | · | ٠, | 1 | A | -[| 9 4 | |
| V. Insta | lation Cor | ntact | + + | | 交響 | 4 | 3 | i S(t) | SHI | | F. 14. | ν.; | · 1. | j., ist | 381 | | 18 | | | I CHE | eg si | |
| | | Nar | me an | d Title | <u>o (/ns</u> | t, firs | t, and j | ob ți | tie) | ٠ | <u> </u> | , | , , , , | | - | Pho | ne N | umbe | r (are | a coo | le and | nui |
| 2/1/ | 5 m | Fe | P | R | A | R | , | | | | | | | | 2 | 1 | 5 | 8 | 5 | 5 | 4 5 |) |
| V. Owne | rship 41 | | 91. 1 | | | J. C. | 1 | etleblor; | 13 1 | | 15 'K | | . J | | ine. | a hei | | | 7 | | | |
| <u> </u> | | | A. N | lame | of In | stalla | tion's L | egal | Ovine | <u>r</u> | | · · | | · · | i | <u>.</u> ` | В | . Тур | e of C |)wnei | rship (e | nt |
| #12 C | | ± 1 | BI | A | 1 | | 5 | e | : 4 | | , | | | | | - | I | υc | 000 | 001 | at e | .0 |
| VI. Type | of Regula | ted Wa | ste / | Acti | vity | (ivia | rk 'X' | in t | he ap | prop | riate | bo. | xes. | Ref | er to | ins | truc | tion | s.) | night. | | W. |
| | Α. | Hazardo | ous W | este / | Activ | ity | | :: -:, | | | 1 i | ., ., | | | B. Us | ed O | il Fu | el Ac | tivitie | 95 | | |
| 1a. Ge | | A S | | 1b. l | .056 | han 1 | 1,000 | g./m | 10. | [| 6. C |)ff-Sp | pecific 'X' a | cation | n Úse ark a | d Oi | i Fue oriate | l e box | es bei | lowi | | |
| _ | nsporter ater/Storer/(| Disposer | . 1, | • • • • • • • • • • • • • • • • • • • • | | | 1 | | ٠ ` | | | _ | a. Ger | ٠, | | , , | ٠. ٠. | | - 5 . 5 | <i>.</i> | | |
| ☐ 4. Und | derground Inj | ection | | | | | , | | | | | | o. Oth | | | | | ٠. | | | | . , |
| | rket or Burn H ter 'X' and ma | Hazardou ark appro | is Was | ste Fu | iel is bei | ow) | | | | | | | c. Bur | nar | | 21.5 | | | | | | |
| LJ 5. Ma <i>(ent</i> | _ | | • | | | . , ; | | | | | 7. s | peci | ficatio | วก ปร | ed O | il Fu | el Ma | rkete | er <i>(or</i> Spec | On si | te Buri | ner |
| LJ 5. Ma (en | a. Generato | | 44.4 | , , | : | | | | | | . , • | ALIO I | rii St C | المالهاب | 15 tine | UII I | Mear | s me | Shad | meat | ion | , |
| LJ 5. Ma (en: | b. Other Ma | arketer | " Y 5," .; | : : | , * × | į | ٠. | | | | | | | | | _ ! | | | | | | |
| (ent | b. Other Ma | er teit hat d | - Ivpe | of C | om | bust | ion D | evi | CG (en | er 'X' | in ali | appi | ropria | te bo | xest | o ind | icate | type | of con | nbusi | tion de | vic |
| (eni C C VII. Wasi | b. Other Ma c. Burner te Fuel Bur Indous waste | rning: T | tt-spec | cifica | | | | is bu | ernad. | Sae ir | struc | | | | itions | of c | ombu | stioi | n devi | ces.) | | vic |
| VII. Wast | b. Other Ma c. Burner te Fuel Bur irdous waste | rning: 1 fuel or of A. Utility (| tf-spec Boiler | cifica | tion ! | ised o | il fuel | is bu B. II | <i>rnad.</i> ndustri | Sae ir al Boi | iler | ction | s for a | dafin | itions | of c | ombi ndus | stioi | | ces.) | | vic |
| VII. Wast | b. Other Ma c. Burner te Fuel Bur irdous waste | rning: 1 fuel or of A. Utility (sportat | H-spec Boiler tion (| cifica (tran | tion i | rters | oil fuel | is bu | irnud. ndustri enter | Sae ir al Boi 'X' ir | iler h <i>the</i> | ap, | s for a | dafin | itions | of c | ombi ndus | stioi | n devi | ces.) | | vic |
| (ent C C VII. Wast which haza | b. Other Ma c. Burner te Fuel Bur irdous waste Ade of Trans | rning: 1 fuel or of A. Utility (sportat | tf-spec Boiler | cifica (tran | tion i | rters | il fuel | is bu | <i>rnad.</i> ndustri | Sae ir al Boi 'X' ir | iler h <i>the</i> | ap, | s for a | dafin | itions | of c | ombi ndus | stioi | n devi | ces.) | | vic |
| VII. Wass which haza | b. Other Ma c. Burner te Fuel Bur rdous waste A de of Trans B. Rai or Subseq | rning: 1 fuel or or A. Utility I sportat II C | H-spec Boiler tion (C. High | <i>cifical</i> <i>(tran</i> hway | spoi | rters | only Water | B. II | ened. Industri E. O | See in al Boi 'X' in ther (s | iler the | ap _l | orup | riate | bo | of c C. I | ombi | ustion trial I | n devi | ces.) | | |
| VII. Wast which haza VIII. Mod | b. Other Ma c. Burner te Fuel Bur rdous waste A de of Trans | rning: 7 fuel or or A. Utility I sportat II | Boiler tion (C. High to ind | cifica (tran hway Catic | spoi | rters | only Water | B. II | enter L. O | See in al Boi X' in ther (s | iler the special | app (y) | or co | riate | bo | c. I | ombo | ustion trial I | Furna | ces.) | | |
| VIII. Wast which haza VIII. Mod | b. Other Me c. Burner te Fuel Bur rdous waste de of Trans B. Rai or Subseq | rning: 7 fuel or or A. Utility I sportat II | Boiler tion (C. High to ind | cifica (tran hway Catic | spoi | rters | only Water | B. II | enter L. O | See in al Boi X' in ther (s | iler the special | app (y) | or co | riate | bon ha | C. I | ndus ndus ous ved be | ustion trial I | n devi | ces.) | | |

| ν- | Dac | i | , | . 64 | U | 200 | 21:0 | \A1- | 2010 | | 000 | 2416 | d fra | m /- | ۷ | | | (| ation or | 2992 | J. Serve | 68 | Self a | THE TANK | | | | 199 |
|------|------------|----------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|----------------------------------------|---------------|------------|----------|-----------------|------------------------|----------------------------------------|----------|----------|--------------------------------------------------|----------|--------------|----------------|------------------------------------------|--------|--------|--------------------------------------------------|-----------------------------------------|-------------|---------------------------------------|------|
| | | | | | | | | | | _ | _ | | <i>d fro</i> e four | | | | | _ | | rt 2 | 14.31 31.31 | for 4 | each | liste | | ardo | us was | ite |
| · 1 | rom i | nonsp | ecif | ic so | TLCO | you | rins | talla | tion | hand | lles. | Use a | dditio | onal s | heou | s if n | ecess | sary. | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , i. |
| | | . 1 | | | | | | 2 | | | \Box | | 3 | | <u> </u> | | | 4 | |]; | | | 5 | |] | | 6 | |
| | D | 0 k |) | | | | | 1 | | " . | | | | . ; | , | | | ļ. , | | Ì. | | | | ļ .; | | | * | : |
| | | 13.4 | / ÷ | | ŀ | | | , 8: | : | 3 | بجا | | 9 | <u></u> |) | | L | 10 | <u></u> | | | | 11 | | | | 12 | ! |
| | Ę | 179 | (* š | 1 | · · · | ٠,. | | - N | . 7 | - 1 | | | | | | | | | , | | | | | | | | | |
| B. 1 | l Hazar | dous | Wa | stes | from | Spe | citic | So | urce | . En | er ti | në foi | ır-dig | t nun | nbar | from | 40 0 | FR P | art 2 | 61.3 | 2 for | each | liste | d ha | zard | ous v | aste fr | on |
| | speci | ic so | · | 154 14.2 | ir in | stalla | tion | han | dles. | Ųse | addi | tiọna | Ishee | ets if r | 1000 | sary | ::' | | | <u> </u> | | | | **** | • • • • |) . 1 · · · | | ٠., |
| | ļ., | 1 4 | 3 | (8.3. | | | , | 14 | - | | - | -, | 15 | · | | <u> </u> | | 16 | · | ٠. | | | 17 | | | <u> </u> | 18 | 3 |
| | . | | | ; | .,7 | , , , | | | | | | | | | | | | | | · v . | | | - | , | | | | . : |
| | | 1 | 9 [| | | | | 20 | | | | | 21 | <u> </u> |] | | | 22 | |] | ; | | 23 | | | | 24 | ŗ. |
| . [| | | | | | , | 1 | | ! | | | | | | | | | | | | | | · | | | ; | | , |
| - 1 | | <u>_</u> | 5 | | | | <u> </u> | 26 | | - | - | | 27 | | 1 | - | | 28 | <u> </u> | 1 | | | 29 | | 1 | 7 | ــنــــــــــــــــــــــــــــــــــ | |
| | | | | T | 1. | | | Ť | \top | - | F | Ţ. | Ť | T | 1 | | | <u> </u> | | 147 | - | (| - | , | 1 | <u> </u> | ΠĪ | - |
| , | | | | | | , | | | | <u>.</u> | | _ | | | | | | | | | | | | | | | | ٠ |
| | | | | | | | | | | | | | er the te. Us | | | | | | | | art 20 | 31.33 | for 6 | each | chei | nical | substa | įπα |
| _ | 1 | 3 | 1 | · | 7 | Γ | | 32 | | T | 1 | | 33 | ` . | T | | | 34 | . , | ļ | i . | | 35 | , | | | 36 | |
| | | | | | | | | T | Ţ., | | | - <u> </u> | 1 | 1 " | 1 | | | , | | 1 | : | | | : | | | | |
| | | | | | : | <u> </u> | <u> </u> | ــــــــــــــــــــــــــــــــــــــ | ١, | | <u> </u> | | <u> </u> | <u> </u> | Ţ | <u> </u> | | <u> </u> | <u></u> | | | | ا. | <u></u> | | | | 3. |
| | | <u>3</u> | 7. | `` | \\ \frac{1}{2} \\ \fr | 13. | | 38 | | - | _ | -1. | 39 | 1/ | 1 | - | , | 40 | ; | | | ا | 41 | 1 | <u>.</u> | · | 42 | 2 |
| 7,73 | | - 1 | • | · 3. | . J. | | 15. | | | | 1 | | |]. | } . | | | | | | : | | É | | 1 | 243 | | |
| | | 4 | 3 | 7.5 | | 113 | N. | 44 | À |]:. | | 1 | 45 | |] | | ·. · | 46 | |] | | | 47 | | 1 | | 48 | 3 |
| ; ` | 2.5 | . [| | 1 | | *** | 4 | | . 1 | | 1 | 1 | İ | | | | | | : | ; | | | : | | 1 | . ' | | |
| 0 | lister | Infe | ctio | us W | aste | s Fr | ter 1 | he f | <u></u> | اندان | ادمناه | her fr | om 40 | 1000 | Part | 261 | 34 10 | or ea | ch ha | zard | 01151 | vacte | fron | L.J. |) | s vo | terinar | v F |
| | | | | | | | | | | | | | tion h | | | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | y . |
| | | . 4 | 9 | · · · · · · | | | | 50 | . ; | | | | 51 | <u></u> | 1 | | , — | 52 | | | | , , | 53 | | | · ** | 54 | |
| | 1. | | ٠, | Ja | | | | | | | ` ~ | ه. د. د. ایگ | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | | | * 3. | | 100 | | | | |
| F. (| Chara | cteri | stic | e of N | lonli | sted | Haz | arde | us V | l'ast | . L | Aark ' | X' in 1 | he ho | Yes (| C/1516 | spon | dina | to the | a cha | L | ristic | cs of | nani | isted | haza | rdous | w |
| | | | | | | | | | | | | | 61.24 | | | | | . ,: | | | , : | - | ., . | | . : | | | |
| | | Æ | | Ignita | | v. S. v. di | · 1, 1, 1 | | 1 7 | i. | | Corro | | | | | | | . Red | octive | 8 | : | | 1. | : . : | | . Toxic | |
| Υī | Cei | +ifi- | _ | (D00) | | | | | · (g-) | 4. | | (DSU) | | | | | | 1 14 | (DO | (CO) | | | | | | | (D000) | |
| | | | | | 100 | altv | of L | 314/· | that | · A | | core | onal | lu av | 200 | ned | and | d am | of a n | ailie | 13.13.13.13.13.13.13.13.13.13.13.13.13.1 | th ti | ne ir | eres For | mat | ion | ubmi | itt. |
| | this | and | all | atta | iche | ed de | ocu | mei | nts, | and | l tha | at ba | sed | on n | ay is | iqui. | ry of | f the | se ! | indi | vidu | als i | mm | edia | itely | res | ponsi | ibl |
| ŀ | | | | | | | | | | | | | | | | | | | | | | | | | | | n awa Drisol | |
| | .,,0 | - 47 | - - ,, | 3 | | ومرج. | | | | - C. | | | | | . 100/4 | | ., | ,,,,,, | | , , <u>~</u> , | | | ., ., | | | ÷ | | |
| Sin | natu | a. | | -/- | , | | | | | | \ | 1 | lamo | April 6 | Offis | ial T | itle /r | VDe 1 | or neid | oti ' | 71 | 1 | • | 7 | ate | Sign | ed | - |

EPA Form 8700-12 (Rev. 11 35) Reverse